Docket No.: 100390

## TION FOR UNITED STATES DECLARATION AND POWER OF ATTÓRNEY

As a below named inventor, I hereby declare that:

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date of signing.

. My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the

invention entitled: Optical Storage Medium, Optical Storage Method, Optical Storage Apparatus, Optical Reading Method, Optical Reading Apparatus, Optical Retrieving Method and Optical Retrieving Apparatus described and claimed in the specification: Check one \*a. attached hereto. filed on \_\_\_\_\_ as Application Serial No. \_\_\_ h. (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations,  $\S1.56$ . Under Title 35 U.S. Code  $\S119$ , the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed within one year prior to this application are hereby claimed: Japanese Patent Application No. 10-32834, filed on February 16, 1998 and Japanese Patent Application No. 9-94194, filed on April 11, 1997 The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional . . application(s): (O <u>.</u> . I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent and Trademark Office: 1] James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; 13 Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771 and Mario A. Costantino, Reg. No. 33,565. ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400. I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Typewritten Full Name of Sole or First inventor: Katsunori Kawano Given Name Middle Initial Family Name \*\*Inventor's Signature: atsunon Lawano \*\*Date of Signature: April 2, 1998 Month Year Day Nakai-machi Japan Residence: Kanagawa City State of Province Country Japan Citizenship: c/o Fuji Xerox Co., Ltd., 430 Sakai, Nakai-machi, Post Office Address: (Insert complete mailing address, including country) Ashigarakami-gun, Kanagawa, Japan \*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

\*\*Note to Inventor: Please sign name exactly as it appears above and insert the actual

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE





of Second Joint		. Yasunari		Nishikata
or second oorn	r inventor		ddle Initial	
**Inventor's Signature:		Hajunari	ddie initial	Family Name
**Date of Signature: // April 2, 1998				
		Month	Day	Year
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		c/o Fuji Xerox Co.	., Ltd., 430 Sa	akai, Nakai-machi,
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of Fourth Joint inventor:				
		Given Name Mi	ddle Initial	Family Name
**Inventor's S	ignature:		·	
**Date of Signature:				
		Month	Day	Year
Residence:				
	City	State	of Province	Country
Citizenship:			·	
Post Office Address:				
(Insert Complete mailing address, including country)				
		-		
Typewritten Full Name				
of Fifth Joint	inventor:			
		Given Name Mi	ddle Initial	Family Name
**Inventor's S				
**Date of Signature:				
		Month	Day	Year
Residence:				
	City	State	of Province	Country
Citizenship:				
Post Office Address:				
(Insert Complete mailing address, including country)				

\*\*Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.